

**FENWICK & WEST LLP**

SAN FRANCISCO OFFICE | EMBARCADERO CENTER WEST

275 BATTERY ST., SUITE 1500 | SAN FRANCISCO, CA 94111

TEL 415.875.2300 | FAX 415.281.1350 | WWW.FENWICK.COM

RECEIVED
CENTRAL FAX CENTER

NOV 05 2004

FACSIMILE TRANSMISSION**CONFIDENTIAL**

DATE: 11/5/04

ATTORNEY DOCKET NO: 23546-7666US
(RTS-0297)

To:

NAME	FAX NO.	PHONE NO.
Examiner Sean McBarry GAU 1635 USPTO	703-872-9306	

FROM: Susan T. Hubl, Ph.D.
Patent Agent

PHONE: (415) 875-2316

NUMBER OF PAGES WITH COVER PAGE: 6

ORIGINAL WILL NOT FOLLOW

MESSAGE:

After Final

US Serial No 09/920,671

BEST AVAILABLE COPY**CAUTION - CONFIDENTIAL**

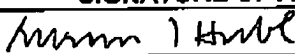
THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

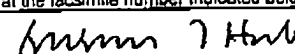
IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL _____ AT _____ AS SOON AS
POSSIBLE.

TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)	0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/920,671
			Filing Date	August 1, 2001
			First Named Inventor	C. Frank Bennett
			Group Art Unit Number	1635
			Examiner Name	Sean McGarry
Total Number of Pages in This Submission	X 6	Attorney Docket Number	23546-07666 (RTS-0297)	

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Fax cover sheet
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Amendment of Inventorship: [2] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Susan T. Hubl, Reg. No. 47,668	Dated:	November 5, 2004

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Susan T. Hubl, Reg. No. 47,668	Dated:	November 5, 2004
Facsimile Number:	1-703 872-9306		

23546/07666/SF/5125915.1

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 130.00

Complete if Known

Application Number	09/920,871
Filing Date	August 1, 2001
First Named Inventor	C. Frank Bennett et al.
Examiner Name	Sean McGarry
Art Unit	1635
Attorney Docket No.	23546-07666US (RTS-0297)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:

Deposit Account Number 19-2555

Deposit Account Name Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	180	2005	90	Provisional filing fee	
SUBTOTAL (1)				(\$)	0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		Extra Claims		Fee from below	Fee Paid
Independent	Multiple Dependent	1-20**	21-30**		

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$)	0

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath or declaration	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	560	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Director	
1807	50	1807	50	Processing fee for Provisional Applications	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) processing fee set forth in § 1.17(i)

130.00

SUBTOTAL (3) (\$) 130.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)	Susan T. Hubl	Registration No. (Attorney/Agent)	47,668	Telephone (415) 875-2318
Signature	<i>Susan T. Hubl</i>	Date	Nov 5, 2004	

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$130.00)

Complete If Known

Application Number	09/920,671
Filing Date	August 1, 2001
First Named Inventor	C. Frank Bennett et al.
Examiner Name	Sean McGarry
Art Unit	1635
Attorney Docket No.	23546-07666US (RTS-0297)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:

Deposit Account Number 19-2555

Deposit Account Name Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				(\$)	0

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath or declaration	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	890	2253	490	Extension for reply within third month	
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Director	
1807	50	1807	50	Processing fee for Provisional Applications	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) processing fee set forth in § 1.17(i)					130.00

SUBTOTAL (3) (\$130.00)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)	Susan T. Hubl	Registration No. (Attorney/Agent)	47,668	Telephone (415) 875-2316
Signature	Susan T. Hubl		Date	Nov 5, 2004

RECEIVED
CENTRAL FAX CENTER

NOV 05 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):	C. Frank Bennett et al
APPLICATION NO.:	09/920,671
FILING DATE:	August 1, 2001
TITLE:	Antisense modulation of CoREST protein expression
EXAMINER:	McGarry, Sean
GROUP ART UNIT:	1635
ATTY. DKT. NO.:	23546-07666US (RTS-0297)
CERTIFICATE OF TRANSMISSION I hereby certify that this correspondence is being transmitted on the date shown below via facsimile to the attention of: Examiner Sean McGarry at facsimile number 703-872-9306. Dated: <u>11/5/04</u> By: <u>Susan T. Hubl</u> Susan T. Hubl, Ph.D., Reg. No.: 47,668	

MAIL STOP AFTER FINAL
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

AMENDMENT OF INVENTORSHIP UNDER 37 CFR 1.48(b)

SIR:

The correct inventors were originally named in the above referenced non-provisional Application; prosecution of the Application resulted in the amendment or cancellation of claims so that fewer than all of the currently named inventors are the actual inventors of the invention being claimed in the Application. Applicant hereby files this amendment under 37 CFR 1.48(b) requesting deletion of the name of the person who is not an inventor of the invention being claimed.

REQUEST

Applicant requests a correction of inventorship to delete the name of **C. Frank Bennett**. The invention of C. Frank Bennett is no longer being claimed in the Application. This statement is signed by Applicant's registered attorney or agent who takes full responsibility for ensuring that the inventor is not being improperly deleted from the application. Applicant notes that written consent of any assignee is not required for requests filed under 37 CFR 1.48(b).

Included with this Request is the processing fee set forth in § 1.17(i) (\$130).

Attorney Docket No: 23546-07666US
Client Ref: RTS-0297
USSN: 09/920,671

CONCLUSION

Applicant notes that a Notice of Allowance for this case was mailed on 09/08/2004. If the Examiner has any questions concerning this Request, the Examiner is invited to telephone Applicant's representative at (415) 875-2316.

Respectfully submitted,

Dated: 11/5/04

By: Susan T. Hubl

Susan T. Hubl, Ph.D. Patent Agent
Reg. No.: 47,668
Fenwick & West LLP
Silicon Valley Center
801 California Street
Mountain View, CA 94041
Tel.: (415) 875-2316
Fax.: (650) 938-5200

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.